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NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

TREATMENT OF SHOCK.—*The American Journal of Surgery* says: Raising the foot of the bed twelve inches may combat shock more quickly than the repeated administration of stimulants and, by the way, is far less harmful to the patient. One should remember not to use this means in abdominal cases where pus has been found in the peritoneal cavity.

CONSUMPTIVE SANATORIA: ARE THEY WORTH WHILE?—In *The Glasgow Medical Journal* Dr. David Lawson shows on the base of statistical material that the fact that eight years after discharge from sanatoria so large a number as seventy-three per cent. of persons treated were still capable of work, and of these over sixty-one per cent. enjoyed full working capacity, must effectually refute the contention of those who assert that the clinical results of sanatoria do not justify their existence.

TREATMENT OF THE OPIUM HABIT IN INDIA AND CHINA.—Before the Medical Society of the County of New York Dr. W. D. Silkworth, of Brooklyn (by invitation), told of the so-called Malay cure with burnt opium and the method of employment. A demonstration was made before the society of the making of the pill, and how it was used in the pipe. The remedy was discovered by a Chinese wood cutter and its introduction was furthered by Sir Charles King. Six patients were presented to demonstrate the results of the treatment.

EXPERIMENTAL NOTES ON ARTIFICIAL NUTRITION, WITH SPECIAL REFERENCE TO THE HYPODERMIC METHOD.—As reported in *The Medical Record*, Dr. Herbert S. Carter read this paper before the New York Academy of Medicine. He called attention to the inadequacy of rectal feeding in many cases and asked how the nutritive equilibrium could be kept up more satisfactorily than by this means. After reviewing the important contributions to the subject, and the literature on this subject was very scant, he referred to experiments made on dogs with injections of certain agents of nutritive value, and said that he did not think it was

unreasonable to believe that the application of the same method might be used with benefit on man.

VACCINATION AGAINST PLAGUE.—In a report of the proceedings of the American Society of Tropical Medicine *The New York Medical Journal* says: Dr. C. P. Emerson, of Baltimore, read this paper by Dr. Richard P. Strong, of Manila. He described the treatment of persons exposed to plague by the injection of attenuated living cultures of the *Bacillus pestis*. He had vaccinated two hundred persons. There was no severe reaction. There was a little induration and redness, with soreness on pressure, at the point of inoculation. There had been no serious results so far. The examination of tissues from apes after the inoculations showed the presence of the organisms in the tissues. The bacilli evidently reproduced for a time and then died off. Vaccination should be done only when the operator could guarantee the organism to have lost all virulence. The stability of the virulence of the *Bacillus pestis* necessitated the greatest precautions and repeated testing on guinea pigs. A higher degree of immunity was obtained by this method than by any other.

Dr. William H. Welch, of Baltimore, said that there was no instance of substantial protection from disease by the injection of killed organisms. It was only by the injection of living cultures that we could expect to get the best results in protective vaccination. The vaccination against smallpox, anthrax, rinderpest, and tuberculosis in cattle was all done with living organisms. There seemed to be little hope in the direction of vaccination with killed organisms.

THE TRANSPLANTATION OF FORMALDEHYDE-FIXED BLOOD-VESSELS.—*The Medical Record* in an editorial says: The striking and epoch-making experiments of Carrel have opened up a new field of surgical endeavor, the far-reaching results of which are hardly appreciated by the casual observer. The demonstration of the successful suture of blood-vessels has brought within the range of possibility, if not immediate probability, not only the cure of aneurysm by extirpation of the dilated portion of the vessel and its replacement by a segment of a vessel from one of the lower animals or by a diversion of the blood stream through a neighboring artery or vein, but even the transplantation of an entire organ to serve in the place of one rendered useless by disease. A recent experiment of Dr. C. C. Guthrie, of St. Louis, reported in *Science* of March 20, has shown that it is not even necessary to use a fresh vessel

for successful implantation. He removed a segment of the vena cava of a dog and kept it in a 2.5 per cent. formalin solution (in 0.9 per cent. sodium chloride solution) for sixty days. He then cut a segment 0.75 cm. in length from the common carotid of another dog and filled the gap with this formalin-fixed vena cava. Three weeks later he examined the artery and found the segment in place, somewhat elongated and of smaller diameter; it pulsated strongly and the circulation through it was perfect. Before being sutured to the artery, the vein was removed from the formalin solution, washed in dilute ammonia, dehydrated in absolute alcohol, and impregnated with paraffin oil.

MODERN METHODS OF TREATING INFECTIVE CONDITIONS OF THE THROAT.—*The Medical Record*, in an abstract of a paper in *The Lancet*, says: Meredith Young has undertaken a series of experiments to observe the respective values of gargling, douching, swabbing, use of troches, etc., in combating septic conditions in the mouth. He has made cultures before and after the employment of these various methods from throats seen in connection with scarlet fever, diphtheria, hospital sore-throat, etc. His results go to show that for throat disinfection gargling possesses no advantages but rather several disadvantages. It is merely a flushing process at best and sterile water is doubtless as efficient as are many of the gargles used. Douching properly done is useful but is hardly adapted for anything except hospital service owing to the difficulty of performing it and the dangers of it when improperly done. Spraying is little better than gargling. Gratifying results were obtained in Young's observations by the use of medicated lozenges. The best method proved to be swabbing. The author says that to secure the best results with this method the patient should be placed with the head well back over a pillow in pretty much the same position as for removal of adenoids so as to prevent any liquid from the swab going into the larynx. The swabs should be nearly as large as a walnut and can be made of absorbent cotton or wool securely fastened in an ordinary sponge holder. They should be firmly and rapidly passed over the fauces with a rotary motion and if possible thrust up into the nasopharynx, at least three or four swabs being used at each attempt. A very useful combination for using on the swab is the one so common in otological practice, boric acid one ounce, rectified spirits two and one-half ounces, and pure glycerine eight ounces. After swabbing the fauces once with this and then with sterile water the bacterial flora of the anterior pillars was reduced to twenty-five total colonies and there was an entire absence of staphylococci and streptococci.